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Kim Tillm	an	(Depositor's name)
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COD	LATTORNEY BOOKET NO.	CONCERNATIONANO

	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
	09/966,832	09/28/2001	Elien Golds	498-192	5422		

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EXAMINER WOO, JULIAN W 3731 623-001130 Change of correspondence address or indication of "Fee Address" (37 I) the names of up to 3 registered patent attorneys or agents of a single firm (having as a member a registered attorney or agent) and the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the documer recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) SCIMED Life Systems, Inc. Maple Grove, MN 55311 Please check the appropriate assignee category or categories (will not be printed on the patent): a. The following fee(s) are enclosed: Debosit Account Number 108-2461 A Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	DATE DUE
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Authorized Signature Jan Jan Date March 2, 2005	
Typed or printed name Jamie M. Larmann Registration No. 48, 623	
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